

Whereas social workers develop evidence-based interventions that address a number of the most vexing problems facing society, and social workers conduct cutting-edge research that informs both policy and practice;

Whereas there is a need—

(1) to ensure accuracy of workforce data surrounding the social work profession so that data projections adequately reflect the depth and breadth of social work practice across settings, as well as the needs of the clients and communities served by the profession; and

(2) to make meaningful investments in the social work profession to address challenges associated with recruitment and retention in recognition of the pressing need for such professionals and the crucial services they provide; and

Whereas social workers meet individuals no matter where those individuals are in their life circumstances and empower those individuals to fulfill their potential: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of Social Work Month and World Social Work Day on March 15, 2022;

(2) acknowledges the diligent efforts of individuals and groups who promote the importance of social work and observe Social Work Month and World Social Work Day;

(3) encourages individuals to engage in appropriate ceremonies and activities to promote further awareness of the life-changing role that social workers play; and

(4) recognizes with gratitude the contributions of the millions of social workers who have advanced individual, family, and community well-being since the founding of the social work profession more than a century ago.

SENATE RESOLUTION 568—SUPPORTING THE GOALS AND IDEALS OF “COUNTERING INTERNATIONAL PARENTAL CHILD ABDUCTION MONTH” AND EXPRESSING THE SENSE OF THE SENATE THAT CONGRESS SHOULD RAISE AWARENESS OF THE HARM CAUSED BY INTERNATIONAL PARENTAL CHILD ABDUCTION

Mrs. FEINSTEIN (for herself, Mr. TILLIS, Mr. McCONNELL, Mr. BLUMENTHAL, Mr. BOOKER, Mr. CRAPO, Ms. KLOBUCHAR, Mr. RUBIO, Mr. MARKEY, Mr. GRASSLEY, Mr. TUBERVILLE, Ms. ERNST, and Mr. CORNYN) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 568

Whereas thousands of children have been abducted from the United States by parents, separating those children from their parents who remain in the United States;

Whereas it is illegal under section 1204 of title 18, United States Code, to remove, or attempt to remove, a child from the United States or to retain a child (who has been in the United States) outside of the United States with the intent to obstruct the lawful exercise of parental rights;

Whereas 9,816 children were reported abducted from the United States between 2010 and 2020;

Whereas, during 2020, 1 or more cases of international parental child abduction involving children who are citizens of the United States were identified in 106 countries around the world;

Whereas the United States is a party to the Convention on the Civil Aspects of Inter-

national Child Abduction, done at The Hague, October 25, 1980 (TIAS 11670) (referred to in this preamble as the “Hague Convention on Abduction”), which—

(1) supports the prompt return of wrongly removed or retained children; and

(2) calls for all participating parties to respect parental custody rights;

Whereas the majority of children who were abducted from the United States have yet to be reunited with their custodial parents;

Whereas, between 2015 and 2021, Argentina, the Bahamas, Brazil, China, Colombia, Costa Rica, the Dominican Republic, Ecuador, Egypt, Guatemala, Honduras, India, Japan, Jordan, Lebanon, Morocco, Nicaragua, Peru, Romania, Trinidad and Tobago, Tunisia, and the United Arab Emirates were identified under the Sean and David Goldman International Child Abduction Prevention and Return Act of 2014 (22 U.S.C. 9101 et seq.) as engaging in a pattern of noncompliance (as defined in section 3 of such Act (22 U.S.C. 9101));

Whereas the Supreme Court of the United States has recognized that family abduction—

(1) is a form of child abuse with potentially “devastating consequences for a child”, which may include negative impacts on the physical and mental well-being of the child; and

(2) may cause a child to “experience a loss of community and stability, leading to loneliness, anger, and fear of abandonment”;

Whereas, according to the 2010 Report on Compliance with the Hague Convention on the Civil Aspects of International Child Abduction by the Department of State, an abducted child is at risk of significant short- and long-term problems, including “anxiety, eating problems, nightmares, mood swings, sleep disturbances, [and] aggressive behavior”;

Whereas international parental child abduction has devastating emotional consequences for the child and for the parent from whom the child is separated;

Whereas the United States has a history of promoting child welfare through institutions including—

(1) the Children’s Bureau of the Administration for Children and Families of the Department of Health and Human Services; and

(2) the Office of Children’s Issues of the Bureau of Consular Affairs of the Department of State;

Whereas the Coalition to End International Parental Child Abduction, through dedicated advocacy and regular testimony, has highlighted the importance of this issue to Congress and called on successive administrations to take concerted action to stop international parental child abduction and repatriate kidnapped United States children;

Whereas Congress has signaled a commitment to ending international parental child abduction by enacting—

(1) the International Child Abduction Remedies Act (22 U.S.C. 9001 et seq.);

(2) the International Parental Kidnapping Crime Act of 1993 (Public Law 103-173), which enacted section 1204 of title 18, United States Code; and

(3) the Sean and David Goldman International Child Abduction Prevention and Return Act of 2014 (22 U.S.C. 9101 et seq.);

Whereas the Senate adopted Senate Resolution 543, 112th Congress, agreed to on December 4, 2012, condemning the international abduction of children;

Whereas the Senate adopted Senate Resolution 431, 115th Congress, agreed to on April 19, 2018, to raise awareness of, and opposition to, international parental child abduction;

Whereas the Senate adopted Senate Resolution 23, 116th Congress, agreed to on April 11, 2019, to raise awareness of the harm

caused by international parental child abduction;

Whereas Congress calls upon the Department of State to fully utilize the tools available under the Sean and David Goldman International Child Abduction Prevention and Return Act of 2014 (22 U.S.C. 9101 et seq.) to negotiate, and make publicly available, bilateral agreements or memorandums of understanding—

(1) with countries not parties to the Hague Convention on Abduction to resolve abduction and access cases; and

(2) regarding open abduction and access cases predating the Hague Convention on Abduction with countries that have thereafter become parties to the Hague Convention on Abduction;

Whereas all 50 States and the District of Columbia have enacted laws criminalizing parental kidnapping;

Whereas, in 2020, the Prevention Branch of the Office of Children’s Issues of the Department of State—

(1) fielded more than 4,200 inquiries from the general public relating to preventing a child from being removed from the United States; and

(2) enrolled more than 3,000 children in the Children’s Passport Issuance Alert Program, which—

(A) is one of the most important tools of the Department of State for preventing international parental child abduction; and

(B) allows the Office of Children’s Issues to contact the enrolling parent or legal guardian to verify whether the parental consent requirement has been met when a passport application has been submitted for an enrolled child;

Whereas the Department of State cannot track the ultimate destination of a child through the use of the passport issued by the Department of State if the child is transported to a third country after departing from the United States;

Whereas a child who is a citizen of the United States may have another nationality and may travel using a passport issued by another country, which—

(1) increases the difficulty of determining the whereabouts of the child; and

(2) makes efforts to prevent abduction more critical;

Whereas, during 2020, 185 children were returned to the United States, and an additional 72 cases were resolved in other ways; and

Whereas, in 2020, the Department of Homeland Security, in coordination with the Prevention Branch of the Office of Children’s Issues of the Department of State, enrolled 200 children in the Prevent Abduction Program, which is aimed at preventing international parental child abduction through coordination with the U.S. Customs and Border Patrol officers at the airport, seaport, or land border ports of entry by intercepting the child before departure: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes and observes “Countering International Parental Child Abduction Month” during the period beginning on April 1, 2022, and ending on April 30, 2022, to raise awareness of, and opposition to, international parental child abduction; and

(2) urges the United States to continue playing a leadership role in raising awareness about the devastating impacts of international parental child abduction by educating the public about the negative emotional, psychological, and physical consequences to children and parents victimized by international parental child abduction.

SENATE RESOLUTION 569—SUPPORTING THE GOALS OF WORLD TUBERCULOSIS DAY TO RAISE AWARENESS ABOUT TUBERCULOSIS

Mr. BROWN (for himself and Mr. SULLIVAN) submitted the following resolution; which was referred to the Committee on Foreign Relations.:

S. RES. 569

Whereas, in 2020, nearly $\frac{1}{4}$ of the global population was infected with the tuberculosis bacterium (referred to in this preamble as “TB”);

Whereas the World Health Organization (referred to in this preamble as the “WHO”) estimates that 9,900,000 people developed TB in 2020, 8 percent of whom were also infected with the human immunodeficiency virus (referred to in this preamble as “HIV”);

Whereas, in 2020, TB killed an estimated 1,514,000 people, second only to coronavirus disease 2019 (referred to in this preamble as “COVID-19”) as a leading cause of death from a single infectious agent;

Whereas, globally in 2020, an estimated 1,100,000 children developed TB, and in 2020, 228,972 children died of TB;

Whereas $\frac{2}{3}$ of new TB infections in 2020 occurred in 8 countries: India, Indonesia, China, the Philippines, Pakistan, Nigeria, Bangladesh, and South Africa;

Whereas TB is a leading killer of people infected with HIV, and 214,000 people with HIV died of TB in 2020;

Whereas vulnerable populations also at high risk for developing TB include individuals who are pregnant and newborns;

Whereas, in 2020, TB was the 13th leading cause of death;

Whereas, in some settings, women with TB can face stigma, discrimination, and ostracization by their families and communities;

Whereas the global TB epidemic and the spread of drug-resistant TB present a persistent public health threat to the United States because the disease does not recognize borders;

Whereas antibiotic-resistant pathogens are a growing problem worldwide, and drug-resistant TB can occur when the drugs used to treat TB are mismanaged or not made consistently accessible;

Whereas studies have demonstrated direct person-to-person transmission of drug-resistant TB;

Whereas multi-drug resistant TB (referred to in this preamble as “MDR-TB”) is caused by bacteria with resistance to rifampin and isoniazid, the 2 most potent treatments for TB infection;

Whereas, in 2020, according to the 2021 WHO Global Tuberculosis Report, an estimated 3 to 4 percent of all new TB cases and 18 to 21 percent of previously treated cases were MDR-TB or rifampin-resistant TB;

Whereas, in 2020, an estimated 297,000 people around the world developed MDR-TB or rifampin-resistant TB, yet only approximately 1 in 3 of those individuals were identified and treated;

Whereas extensively drug-resistant TB (referred to in this preamble as “XDR-TB”) is a rare type of TB that is resistant to nearly all medicines, and therefore can be very difficult and expensive to treat, especially among patients with HIV;

Whereas, in 2020, 25,681 cases of XDR-TB were reported;

Whereas, in 2020, the Centers for Disease Control and Prevention (referred to in this preamble as “CDC”) estimated that the average cost of treating a single patient with MDR-TB in the United States was \$182,186, and the average cost of treating a patient

with XDR-TB was even higher at \$567,708, compared with \$20,211 to treat a patient with drug-susceptible TB;

Whereas, between 2005 and 2007, according to an analysis by the CDC, MDR-TB and XDR-TB cases in the United States collectively cost the health care system an estimated \$53,000,000;

Whereas the CDC estimates that costs resulting from all forms of TB in the United States totaled more than \$503,000,000 in 2020;

Whereas, in a 2000 report, the Institute of Medicine found that a decrease in TB control funding and the spread of HIV and acquired immune deficiency syndrome (commonly referred to as “AIDS”) caused a resurgence of TB in the late 1980s and early 1990s;

Whereas a total of 7,174 TB cases were reported in the United States in 2020, representing all 50 States and the District of Columbia, and up to 13,000,000 people in the United States are estimated to be living with latent TB infection;

Whereas the rate of TB disease in African Americans is 8.5 times higher than the rate of disease in White, non-Hispanic Americans, and significant disparities exist among other minorities in the United States, including Asian Americans, Hispanic Americans, and Native Americans and Alaska Natives, with approximately 89 percent of all reported TB cases in the United States in 2020 occurring in racial or ethnic minorities;

Whereas smoking—

(1) greatly increases the risks of contracting TB and infection recurrence; and

(2) impairs therapeutic efficacy;

Whereas diabetes is a major risk factor for TB, and people with diabetes are more likely to develop and succumb to TB;

Whereas bedaquiline is an antibiotic that boosts the chance of survival for an MDR-TB patient from approximately 50 percent to as much as 80 percent, and through a public-private partnership, the United States Agency for International Development (referred to in this preamble as “USAID”) provided approximately 105,000 treatments in 110 eligible countries from 2015 through 2019;

Whereas Bacillus Calmette-Guerin, a TB vaccine that is known as BCG, provides some protection to infants and young children against serious forms of childhood TB but has had little epidemiologic impact on controlling TB worldwide;

Whereas there is a critical need for new drugs, diagnostics, and vaccines for controlling the global TB epidemic;

Whereas, in September 2018, the United Nations held the first high-level meeting on TB at which 120 countries, including the United States, signed a political declaration committing to accelerating the TB response, including by increasing funding for TB control programs and research and development efforts, with the goal of reaching all affected people with TB prevention and care;

Whereas the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (Public Law 110-293; 122 Stat. 2918) and the Comprehensive Tuberculosis Elimination Act of 2008 (Public Law 110-392; 122 Stat. 4195) led to a historic United States commitment to support the global eradication of TB, including a commitment to treat 4,500,000 TB patients and 90,000 MDR-TB patients between 2009 and 2013 and to provide additional treatment through coordinated multilateral efforts;

Whereas USAID—

(1) provides technical assistance to 55 countries and implements bilateral programs in 23 high-burden TB countries that—

(A) build capacity; and

(B) support the adoption of state-of-the-art TB-related technologies;

(2) supports the development of new diagnostic and treatment tools; and

(3) supports research to develop new vaccines and other new methods to combat TB; Whereas, in 2018, USAID launched—

(1) a new business model entitled “Global Accelerator to End Tuberculosis” to accelerate progress and build capacity with respect to TB prevention and treatment; and

(2) a new mechanism to directly support local organizations in priority countries;

Whereas TB incidence in the countries that receive bilateral TB funding from the United States through USAID has decreased by more than 29 percent since 2000;

Whereas, according to the Copenhagen Consensus Center, TB prevention programs return \$56 for each dollar invested, which is one of the highest returns on investment of any health intervention;

Whereas the CDC, in partnership with other entities of the United States and individual States and territories—

(1) directs the national TB elimination program;

(2) coordinates TB surveillance, technical assistance, and prevention activities; and

(3) helps to support the development of new diagnostic, treatment, and prevention tools to combat TB;

Whereas the National Institutes of Health, through its many institutes and centers, plays the leading role in basic and clinical research on the identification, treatment, and prevention of TB;

Whereas the Global Fund to Fight AIDS, Tuberculosis and Malaria (referred to in this preamble as the “Global Fund”), to which the United States is a top financial donor, provides more than 77 percent of all international financing for TB programs;

Whereas, in 2020, programs supported by the Global Fund detected and treated more than 4,700,000 cases of TB;

Whereas the COVID-19 pandemic and mitigation efforts put in place as a result of the pandemic have taken a devastating toll on countries with the highest burden of TB disease and on the global TB response, threatening to reverse up to 8 years of progress fighting the disease;

Whereas, in 2020, in the 23 high-burden TB countries in which USAID implements bilateral programs, 1,000,000 fewer people with TB had access to diagnosis and treatment, a 23 percent decline from 2019;

Whereas, between 2020 and 2025, global projections estimate that the impact of the COVID-19 pandemic will lead to an additional 6,300,000 cases of TB and an additional 1,400,000 TB deaths; and

Whereas March 24, 2022, is World Tuberculosis Day, a day that commemorates the date in 1882 on which Dr. Robert Koch announced his discovery of mycobacterium tuberculosis, the bacterium that causes TB: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals of World Tuberculosis Day to raise awareness about tuberculosis;

(2) commends the progress of tuberculosis elimination efforts by entities that include the United States Agency for International Development, the Centers for Disease Control and Prevention, the National Institutes of Health, the World Health Organization, and the Global Fund to Fight AIDS, Tuberculosis and Malaria; and

(3) reaffirms the commitment to strengthen the leadership role of the United States in, and the effectiveness of the global response to, the fight to end the tuberculosis epidemic.